♦ EPA

U.S. Environmental Protection Agency, Region IX

Financial Statement for Businesses *

		6. Date of Inc	2. Business phone numb 4. (Check appropriate bo Sole proprietor Partnership Corporation Orporation	Trust Other (specify)	
uding zipcode and coun	nty)	6. Date of Inc	Sole proprietor Partnership Corporation	Trust Other (specify)	
		6. Date of Inc	Sole proprietor Partnership Corporation	Trust Other (specify)	
		6. Date of Inc.	Partnership Corporation	Other (:	specify)	
		6. Date of Inc	Corporation		specify)	
5a. Employer Iden	itification Number	6. Date of Inco		Zo. Timo of		
5a. Employer Iden	itification Number	6. Date of Inc.	orporation	Zo. Timo of		
5a. Employer Iden	ntification Number	6. Date of Inc	orporation	70 Tumo of		
	İ			7a. Type of	business	
				7b. SIC Co	de	
directors, major shareh h an ability to control.	older (5% or more stock	ownership), otl	her holders of more than 5	5% equity interest	, holders of	rights to purchase
Effective	Hama Addr		Social Security	Dhone Numl	hor	Total Shares
Date	— Home Addre	ess ———	Number (optional)	Phone Numi	ber	or Interest
+						
	General Finance	ial Inform	ation			
tax returns	Forms Filed	Tax Years end	ded	Net income	e before tax	es
P						
cluding checking, savir		sit, etc.)	1			
	Address		Type of Account	Account No	Balance	
			Total (Enter in Item 19	9)	<u> </u>	
			1			
			Cradit	Amount	Crodi	t Monthly
	Address		Credit Limit	Amount Owed	Credi Availat	
	Address					
	Address					
	Address					
	Address					
	Date Continue	General Finance ax returns Forms Filed	General Financial Inform Forms Filed Tax Years encountries Cluding checking, savings, certificates of deposit, etc.)	Date Number (optional) General Financial Information Tax Years ended Cluding checking, savings, certificates of deposit, etc.)	Date Number (optional) General Financial Information Tax Years ended Net income	Date Number (optional) General Financial Information Tax Years ended Number (optional) Financial Number Number (optional) Financial Information Net income before tax Cluding checking, savings, certificates of deposit, etc.)

^{12.} Location, box number, and contents of all safe deposit boxes rented or accessed

^{*}This information is requested pursuant to Section 104(e) of the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9604, and is not subject to approval of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501, et seq.

U.S. Environmental Protection Agency, Region IX

Financial Statement for Trusts * (If additional space is needed, attach a separate sheet)

1. Name of Trust								
2. Trustor Name and Address			3. Phone number					
Section I		Trustee I	nform	nation				
4. Name and address		5. Phone number						
6. Name and address		7. Pho	one number					
Section II.		Beneficiary	Infor	mation				
8. Name, address and phone number	9. Name, address and phone r	9. Name, address and phone number			lame, address and phone no	umber		
Section III.		General Financial Ir	nform	ation for Trust				
11. Last three years Federal and state income tax returns filed		usted gross income on returns, year	s, 13. List all states these returns were filed in:					
14. Bank accounts (include Savings & Loans,	Credit Unic	ons, IRA and Retirement Plans, Certi	ficates o	f Deposit, etc.)				
Name of Institution		Address		Type of Accou	nt	Account No.	Balance	
Total (Enter in Item 23)						•		

^{*} This information is requested pursuant to Section 104(e) of the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9604, and is not subject to approval of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501, et seq.

Type of Account or Card	Name and Address of Financial Institution	Monthly Credit Amount Payment Limit Owed				Credit Available	
Totals (Enter in Item 28)		•					
16. Safe deposit boxes rented or acce	ssed (List all locations, box numbers, and contents incl	uding estimate	d market valu	ie)			
17. Real Property (Brief description of	f property and type of ownership)		Addre	ss (Include co	ounty, state	and parcel	number)
a.							
b.							
C.							
18. Insurance I	Policies (Name of Company)	Policy No	umber	Туре	Face A	Amount	Available Loan Value
Total (Enter in Item 24)						•	
employment agreements, confull value, anticipated increase	on (Court and administrative proceedings by or sulting and similar agreements, "golden parachutes in income, real estate being purchased under coprofit-sharing plans, inheritance, etc., in or of whi	e" agreement ntract, real or	s, bankrupto personal pr	cies, reposse operty being	essions, red held on be	cent transi	fers of assets for less than
20. Indicate any business entity in	which the Trust owns five (5) percent or more of	the outstandi	ng stock (or	other equity	/ interest).		
Name of Business Entity	Address			Percer	tage of Sto	ock	Date Purchased

General Financial Information on Trust

Section III - continued

15. Charge cards, Lines of credit

Se	ction IV.				Asset and Liability Analysis										
Description			Currer Marke Value		Liabilities Balance Due	Equity in Asset	Amount of Monthly Payment	Name and Address of Issuer or Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment					
21. Cash and precious metals or gems															
22. Bank accounts															
23 a. Stocks															
	b. Bonds														
c. Mutual Funds, Partnership Interest, Securities and other Investments															
24. Cash or loan value of Insurance.															
25. Vehicles (Model, year, license)															
	a.														
	b.														
	c.														
26.	Real property		a.												
	(From item 17)		b.												
	•		c.												
27.	boats, jewelry,	assets (including art options, etc.) or fina	ncial												
	debts owed to \$1000.	the Trust in excess of	of												
	a.														
	b.														
	c.														
	d.														
28.	Bank revolving	credit													
		a.													
29.	Other Liabilities	b.													

List all transfers real & personal property, including cash (by gift or loan made not at fair market terms) to or from the Trust within the last 3 years (items with a current market value of \$1000.00 or more):

Enter in item 39

\$

(Include judgements, notes, tax liens, etc.)

31. Totals

d. e.

g.

30. Federal and state Taxes Owed

Date	Current Market Value	ent Market Value Sale Price Trust Received (if any) Description of Property Transferred		To Whom (Indicate relationship to the Trust)	Nature and Conditions of Transfer

Section V. Monthly Income and Expense Analysis of Trust Fund									
		Income		Necessary Expenses					
	Source	Gross	Net						
32.	Interest - Dividends	\$	\$	37. Trustee service fees		\$			
33.	Net business income			38. Rent (Do	not show mortgage listed in item 26)				
34.	Rental income			39. Installmer	nt payments				
35.	35. Other Income (e.g. investment income,			40. Utilities (G	Gas \$ Water \$				
	capital gains specify type)			Electric \$	Phone \$)				
				41. Transport	ation				
				42. Insurance	(specify type)				
				43. Other exp	enses (specify)				
36.	Total	\$	\$	44. Total		\$			
			Certificat	ion		•			
			jury, I declare that to the abilities, and other infor						
45.	Your signature				46. Date				

Section I - continued	General Financ	cial Information			
13. Real property		<u> </u>			
Brief Description an	d Type of Ownership	Add	ress (include county,	state and parcel	number)
a.					
b.					
c.					
14. Insurance policies owned with business as	s beneficiary				
Name Insured	Company	Policy Number Type		Face Amoun	t Available Loan
	Company	1 Oney Humber	Турс	Tuce Amoun	Value
		Total (Enter in Item 21)			•
value, anticipated increases in incom property being held on behalf of the b	e, options to buy or sell real or personal p usiness).	roperty, real or persona.	l property being pu	rchased under	contract, real or personal
subsidiary or other entity.	tures, partnerships and other entities contr	olled by the business. F	TOVIUE CUITETITITAL	ret value of the	business interestin such
16. Federal government departments or a	gencies with whom you have a contract for	1	services		
Agency Name	Address	Contract No.	Amount to b	e Received	Payment Due Date
16a. Federal government departments or a for any loan, grant, or assistance) in	agencies that have extended or given the bu the past 5 years.	siness loans, grants or a	ssistance, or to whic	ch you have app	lied (or anticipate applying
17. Accounts/Notes receivable (Include loans		A	1 5	D. (.	01-1
Agency Name	Address	Amount Due	Due	Date	Status
	Total (Enter in Item 20)				

Section II.

Asset and Liability Analysis

Des	scription (a)		Cur. Mkt Value (b)	Liabilities Bal. Due (c)	Equity in Asset	Amount of Mo. Pymt.	Name and Address of Lien/Note Holder/Obligee <i>(f)</i>	Date Pledged (g)	Date of Final Pymt.
18. Cash on hand									
19. Bank accounts									
19a. Securities and owned	other financial ass	ets							
20. Accounts/Notes	receivable								
21. Insurance Loan	Value								
22. Real		a.							
property (from item 13)		b.							
		C.							
		d.							
23. Vehicles	a.								
(Model, year, license)	b.								
	C.								
24. Machinery and	a.								
equipment (Specify)	b.								
	C.								
25. Merchandise	a.								
inventory (Specify)	b.								
26. Other Assets	a.								
(including permits, licenses, tax	b.								
loss carry forwards, agreements not									
to compete, other contracts)	d.								
(Specify) 27. Other	a.								
Liabilities (Include judgements,	b.								
notes, tax liens, etc.)	C.								
,	d.								
28. Federal & State	e.								
	- Lakes Oweu								
29. Totals									

Section III.			Income	xpense Analysis				
The following informati	on applies to income an	d expenses durino		Accounting method used				
	Inco			Expenses				
30. Gross receipts from		ille	\$		36. Materials purchased	\$		
31. Gross rental incom			, , , , , , , , , , , , , , , , , , ,		37. Wages and salaries of employees		<u> </u>	
32. Interest					38. Wages/salaries/bonuses for office stockholders	rs, directors and		
33. Dividends					39. Rent			
34. Other income (Spe	ecify)				40. Installment payments (from line 29))		
					41. Supplies			
					42. Utilities / Telephone			
					43. Gasoline / Oil			
					44. Repairs and maintenance			
					45. Insurance			
					46. Current taxes			
					47. Other , including fees paid for serv			
35. Total		•	\$		48. Total	>	\$	
					49. Net difference	•	\$	
50. List all transferred of business, etc.) the	real & personal property nat was made within the	, including cash (l last 3 years (item	oy gift; by loan tha s of \$3,000. ⁰⁰ or n	at was not at more):	fair market terms; by sale for less than	fair market value or ma	de outside the normal course	
Date	Amount	Prop	erty Transferred		To Whom	Condit	ions of Transfer	
					(Indicate any relationship to business or its partners, directors, stockholders, or other controlling persons)			
				04:5				
		Under penalties of	of perjury, I declare	e that to the	ication best of my knowledge and belief this			
		statement of asse	ets, liabilities, and	other inform	nation is true, correct, and complete.		Iso a .	
51. Signature				52. Print N	Jame / Title		53. Date	